

1/1/2013

**HARALSON COUNTY BOARD OF COMMISSIONERS**  
**APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2013**

Haralson BOC  
155 Van Wert Street  
Buchanan, GA 30113

PHONE: 770-646-2002 FAX: 770-646-2035

This Application with remittance in full must be completed and returned  
with full payment on or before **4/1/2013**  
If no longer in business, please so indicate and return the application.

<u>BUSINESS NAME AND MAILING ADDRESS</u>	<u>EMERGENCY CONTACT NAME AND ADDRESS</u>
NAME: _____	_____
ADDRESS: _____	_____
ADDRESS 2: _____	_____
CITY, ST., ZIP: _____	_____
PHONE: _____	_____
LOCATION: _____	TAX ID NUMBER: _____
BUSINESS CLASS: _____	OWNERSHIP TYPE: _____ (Corp., Individual, Partnership, Etc.)
BUSINESS DESC: _____	<b>OFFICE USE ONLY:</b>  CODE: _____ RESIDENT: _____ RENEW: _____ FAL: _____
RESP. PERSON: _____	
ACCOUNTANT NAME: _____	
BONDING COMPANY: _____	
BOND NUMBER: _____	
OTHER LICENSE # _____	

**TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: (Check All Applicable)**

_____ Business License Fee (\$150)	_____ Pouring License (\$200)
_____ Wine License (\$350)	_____ Beer License (\$350)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE NOTE:**

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH RENEWAL:

\_\_\_\_ DRIVER'S LICENSE COPY FROM APPLICANT

\_\_\_\_ AFFIDAVIT VERIFYING STATUS KNOWN AS O.C.G.A. §50-36-1

\_\_\_\_ E-VERIFY-PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE OR EXEMPTION O.C.G.A.  
§36-60-6